

LAW OFFICES OF
Murray Richman

2027 Williamsbridge Rd. Bronx, NY 10461
(718) 892-8588 • Fax (718) 518-0674

May 25, 2005

The Honorable Richard Owen
United States District Court Judge
United States District Court
Southern District of New York
40 Foley Square, Room 2903
New York, New York 11201

Re: *U.S. v. Jason Sepulveda*
Docket No. S4 03 Cr. 1492 (RO)

Dear Judge Owen:

Please accept this letter/memorandum as a formal application for sentencing considerations on behalf of Jason Sepulveda. For the reasons stated below, it is our view that the Court should sentence Mr. Sepulveda to the Statutory minimum and not rely on the Guidelines as recommended by Probation.

INTRODUCTION

Jason Sepulveda is awaiting sentence for his participation in a drug conspiracy in which he faces a statutory minimum of 10 years imprisonment for violating the narcotics laws of the United States. See 21 U.S.C. §§812, 841(a)(1), and 841(b)(1)(A). As indicated in the PSI Report, Mr. Sepulveda has accepted responsibility for his role in the charged offenses. Probation has recommended that this Court sentence Mr. Sepulveda to the Guidelines minimum of 135 months. Under the current law, however, the Guidelines have been declared unconstitutional to the extent that they are merely "advisory." United States v. Booker, 543 U.S. ___, 125 S.Ct. 738 (2005). Indeed, the Supreme Court has held that subsection 3553(b)(1) of the Sentence Reform Act of 1984, which mandates use of the Guidelines for sentencing purposes, is "excised." Id. Thus, the Court is no longer *bound* by the Guidelines.

We recognize, however, that pursuant to the Second Circuit's recent holding in United States v. Crosby, 397 F.3d 103 (2d Cir. 2005), the Court "remain[s] under a duty with respect to the Guidelines--not the previously imposed duty to apply the Guidelines, but the continuing duty to 'consider' them, along with the other factors listed in section 3553(a)." Id. at 110. It is for this reason we do not contest the offense level or the Guidelines range arrived at in the PSI Report.

LAW OFFICES OF
Murray Richman

However, the purpose of this letter/memorandum is to respectfully ask the Court to either sentence Mr. Sepulveda to the statutory minimum of ten years, or, if the Guidelines are deemed applicable, we respectfully ask the Court to downwardly depart from the recommended Guidelines sentence of 135 months. Indeed, "mitigating circumstance[s]" exists in Mr. Sepulveda's family life, which militates in favor of a sentence below the Guidelines range of 135 months to a sentence that is more commensurate with the statutory minimum of ten years.

The Facts

Mr. Sepulveda is married with three very ill daughters and a cancer stricken father. Mr. Sepulveda has a biological daughter with his wife, Evette Sepulveda, a biological daughter from a previous relationship, and Mr. Sepulveda has assumed the role of stepfather to his wife's sixteen-year-old daughter (from a previous relationship) since she was one years old. For his crimes, Mr. Sepulveda will be separated from his family for at least 10 years (pursuant to the statutory provisions) or for 135 months pursuant to the Guidelines provisions. During this lengthy time period, he will not be able to provide emotional or financial support for either his ailing daughters or his sick father. Attached to this letter are the official medical records of his sixteen-year-old and five-year-old daughters. While their medical histories are comprehensive, dating back to their infant years, a brief summary of their respective medical conditions is necessary to assist this Court in determining whether a sentence below the Guidelines is warranted.

As stated, supra, Mr. Sepulveda has a biological daughter with his wife, Evette Sepulveda. Their daughter, **Skyler Sepulveda**, is two months shy of five years old, born July 22, 2000. She has numerous health issues and is severely asthmatic. She has been in-and-out of hospitals since infancy and is continuously in need of medical attention. Shortly following her birth she was placed on the following medications: Orapred; Albuterol (Nebulizer); Pulmicort; Augmentin; Amoxil; Tylenol; Acetaminophen; Ibuprofen; Zithromax; Triviflor; Flovent; Antipyretics; Comvax and Prevnar.

Skyler Sepulveda also has tubes planted in her left and right ear and she also suffers other ailments, some of which are an eating disorder, frequent bouts with prolonged coughing, diarrhea and high fevers. The Sepulvedas not only have relied on Mr. Sepulveda's emotional and financial support in raising Skyler, but his physical presence. Mr. Sepulveda has attended many of Skyler's hospital appointments and has been by her side during her more serious medical procedures. If the Court sentences Mr. Sepulveda to the statutory minimum, Skyler will be approximately fifteen years old when her father is released from prison. While his extended absence is sure to have an adverse effect on Skyler's emotional development, anything more than the statutory minimum will crush Skyler.

LAW OFFICES OF
Murray Richman

Trisha Torres is not the biological daughter of Mr. Sepulveda. However, Jason Sepulveda has been a father throughout her life. Trisha has a serious condition of sickle cell. She was hospitalized at birth as she was born with an infection of the brain. At an early age Trisha underwent two major surgeries and had many blood transfusions. Trisha currently suffers from joint pain from head to toe, which requires frequent hospitalization. In addition, she is required to take multiple medications twice a day for the remainder of her life, as there is currently no cure for her medical condition. Along with a host of other medications, Trisha takes Folic Acid once a day, penicillin twice a day and boost supplements as a result of her poor appetite. She also has psychological problems and sees a psychiatrist on a weekly basis. Throughout Trisha's many years of seeing doctors, being admitted to hospitals and experiencing years of medical setbacks, Mr. Sepulveda has always been there for her. In fact, because of Trisha's many extended trips to the hospital, both Evette and Jason Sepulveda had to work out a routine where they took turns being with Trisha at the hospital. Evette Sepulveda is now left with that responsibility even though she has to divide her time with her other ailing daughter (Skyler).

Mr. Sepulveda's biological 13-year-old daughter from a previous relationship suffers from mental illness and depression. She's been admitted to Bellevue hospital and placed on suicide watch. She too has been through psychiatric therapy and relies heavily on Mr. Sepulveda for support.

Finally, Jason Sepulveda's father has been diagnosed with advanced cancer and he suffers from a severe case of arthritis. Jason Sepulveda has been instrumental in taking his father to hospital appointments, finding a suitable doctor and being there for his father whenever duty called.

While we understand that Jason Sepulveda will be sentenced for his admitted transgressions, this Court is vested with broad discretionary power to take these very important mitigating factors into consideration when imposing sentence. It is our respectful view that because this Court cannot go below the statutory minimum, a sentence of ten years (the mandatory minimum) is more than sufficient. Certainly, the Court should hold that the Guidelines is not appropriate in this case where the recommended minimum of 135 months would require Mr. Sepulveda to serve fifteen more months than what is required by the statutory minimum—which is equivalent to 120 months. However, if the Court concludes that the Guidelines is appropriate, downward departure should be granted.

THE APPLICABLE LAW

It is beyond cavil that this Court has the discretionary powers to downward depart from the Guidelines under extraordinary circumstances. The Second Circuit has

LAW OFFICES OF
Murray Richman

consistently recognized that *extraordinary* family circumstances, present to an unusual, special or ordinary degree, including parental responsibilities, are a proper ground for downward departure. See, e.g., United States v. Galante, 111 F.3d 1029, 1036 (2d Cir. 1997); United States v. Ekhator, 17 F.3d 53 (2d Cir. 1994); United States v. Johnson, 964 F.2d 124 (2d Cir. 1992).

It is understood that family circumstances are discouraged as a factor in the sentencing process. United States v. Sweeting, 213 F.2d 95, 100 (3d Cir. 2000); see also, U.S.S.G. §5H1.6. However, the Supreme Court has held that "if the factor is present to an exceptional degree or in some other way makes the case different from the ordinary case where the factor is present" the court can depart. Koon v. United States, 518 U.S. 81, 96 (1996). Thus, where extraordinary circumstances are present, the Second Circuit has read U.S.S.G. §5H1.6 to "mean that when a sentencing court determines the circumstances related to family ties and relationships are extraordinary, the Guidelines do not bar it from considering them as a basis for a downward departure." Galante, 111 F.3d at 1033; accord United States v. Sharpsteen, 913 F.2d 59 (2d Cir. 1990).

The Second Circuit has not only endorsed, but has consistently affirmed departures for extraordinary family circumstances. In doing so, double digit level reductions have been approved. In Johnson, 964 F.2d 124, the Court upheld the district court's thirteen level downward departure to a sentence of six months home confinement – with ten of those levels based on the defendant's extraordinary parental responsibilities. The Johnson court, after noting that extraordinary family circumstances are "by their nature not capable of adequate consideration" by the Guidelines, found that the departure was justified on behalf of the defendant's family. Id. at 129. The district court departed three levels, from level 23 to level 20 for unrelated reasons, and then departed ten levels from level 20 to level 10 because of extraordinary family responsibilities, including care for defendant's children and the child of her institutionalized daughter. Id. at 129-30.

Such departures have also been consistently affirmed in situations where the defendant played a major caretaker role for either a mentally or physically handicapped and ailing relative. In United States v. Vaughan, No. 92 Cr. 575-04 (RWS), 1993 WL 119704 (S.D.N.Y. Apr. 15, 1993), the defendant was "the sole care provider for three days out of the week for his wife, who is a victim of Alzheimer's." Id. at *1. The court found a departure based on extraordinary family circumstances, along with other departures, was appropriate. Id. at *2. A closely related situation occurs where the defendant not only plays a caretaker role, but the defendant plays an irreplaceable or very important role in maintaining the family member and family's well being and

LAW OFFICES OF
Murray Richman

keeping the family together. See, e.g., United States v. Haversat, 22 F.3d 790 (8th Cir. 1994), on remand, 53 F.3d 335 (8th Cir. 1995) (downward departure affirmed; defendant was irreplaceable part of the treatment plan for his wife and her severe psychiatric problems); United States v. Cadle, 988 F.2d 123 (9th Cir. 1993); United States v. Rose, 885 F. Supp. 62 (E.D.N.Y. 1995) (downward departure granted; defendant cared for cousins and contributed financially to grandmother's care).

It is not necessary that the defendant be the *only* caretaker who could provide for family member at issue where the other caretaker could not shoulder the load handled by defendant, or removal of the defendant would cause a disintegration of the family unit. In Galante, 111 F.3d 1009, the defendant was the married father of two children, and was the primary breadwinner because his wife's limited English language skills hindered her income earning opportunities. *Id.* at 1032. The defendant's work saved the family from having to go on public assistance. The district court departed 13 levels, from offense level 23 (Guidelines range of 46-57 months imprisonment) to offense level 10, and sentenced the defendant to time served (8 days), and 24 months home detention and 225 hours of community service as part of a five year term of supervised release. *Id.* at 1031, 1032. On appeal, the Galante Court found that the District Court did not abuse its discretion in departing downward based on extraordinary family circumstances. *Id.* at 1032. Importantly, the Second Circuit *rejected the argument that affirming the departure would open the floodgates* and make any defendant "with children and financial difficulties a presumptive candidate for departure." *Id.* at 1037. In United States v. Alba, 933 F.2d 1117 (2d Cir. 1991), the Court recognized and affirmed a departure based on extraordinary family circumstances. Notably, one of the factors supporting the extraordinary family circumstances departure was that the defendant was instrumental in helping his disabled father "get in and out of his wheelchair." *Id.* at 1123.

Here, Mr. Sepulveda's family circumstances involves much more than helping a disabled family member "get in and out of [a] wheelchair": Mr. Sepulveda is instrumental in the ongoing care of his very ill daughters. Indeed, as Evette Sepulveda's February 11, 2004 letter points out: "With three daughters that all have medical conditions, they need their father on a daily basis to be there for them for moral support and to be there for them emotionally and financially" (see attached). No one could deny that factors are present to "an exceptional degree." Koon v. United States, *supra*, at 96. Downward departure from the Guidelines should be strongly considered in the instant case.

SUPPORTING LETTERS

Numerous letters from family and friends have been written on Jason Sepulveda's behalf (see attached). These letters demonstrate that Jason Sepulveda has the

LAW OFFICES OF
Murray Richman

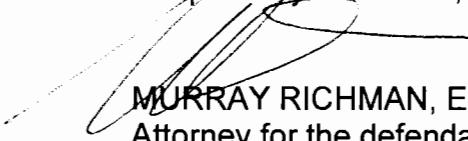
potential to lead a productive life upon his release. These are letters from people who obviously love and depend on Jason Sepulveda. The Court is asked to review these letters and take them into consideration when imposing sentence.

CONCLUSION

On behalf of Jason Sepulveda and his family, the undersigned respectfully requests, in light of *Booker/Fanfan*, that the Court either not rely on the Guidelines, or downwardly depart from the recommended Guidelines minimum, and impose a sentence that would return Mr. Sepulveda home to his wife and daughters within a time-frame commensurate with the statutory minimum of 120 months, so that he can resume attending to their physical, emotional and financial needs.

Your consideration in the above-referenced matter is greatly appreciated.

Respectfully submitted,



MURRAY RICHMAN, ESQ.
Attorney for the defendant

cc: AUSA W.S. Wilson Leung

Mr. Jason Sepulveda

Medical Records of Skyler Sepulveda

Event Chronology: A Medical Record Summary. Patient: SKYLER SEPULVEDA [2515]

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
01/08/2004	Problem List			<p>[HEALTHY PROBLEM LIST] sickle trait,anemia;asthma Record Updated On: 01/08/2004</p>
08/01/2000	Allergies			<p>[ALLERGIES] No known allergies Record Updated On: 08/01/2000</p>
02/10/2004	3 yrs. 6 mos. Scanned Item PRP			<p>[ITEM] :DIAGNOSTIC TEST [CATEGORY] THROAT CULTURE [Scan ID] 24019</p>
02/10/2004	3 yrs. 6 mos. Diagnostic Test			<p>[O] [SCAN]THROAT CULTURE: [R] [SCAN]THROAT CULTURE: ; [Scan ID] 24019</p>
02/06/2004	3 yrs. 6 mos. Patient Encounter Dawn Li			<p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] sore throat and cough x 2 days. + rhinorrhea. no fever. good POs/activity. mom wants strep test done because she is going away, child will be with relatives [OBJECTIVE] Well-appearing [EENTN] conj clear. L TM small serous effusion, good light reflex. R TM clear. OP sl erythema, no exudate, MMM. neck supple, no LAD [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear, no wheeze [ABDOMEN] soft, ND, NT, no HSM, no masses [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] viral illness/pharyngitis [PLAN] rapid strep negative f/u throat cx phone f/u</p>
02/05/2004	3 yrs. 6 mos. Message			<p>[REASON] c/o sore throat, coughing a little; no fever; knee pain [ACTION] appointment tomorrow Caller: MOTHER Time Received: 02:04 PM Note for: BK Note written by: BK Call Status: Returned</p>
01/08/2004	3 yrs. 5 mos. Patient Encounter Brigitte Kerpsack, M.D.			<p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> <u>493.90 UNS ASTHMA WOSTATUS ASTHMATICUS</u> [PROBLEM] cough as above, had fever for few days, none yesterday, then low grade today; using albuterol and pumicort without significant change [OBJECTIVE] playful, active [EENTN] TMs - nl; oroph - nl; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, B soft wheezes few crackles at bases [ASSESSMENT] viral illness with RAD [PLAN] orapred 1.5tsp po now, then x 3-5 days continue albuterol, pulmicort bid start augmentin ES 600 bid if no improvement/phone f/u</p>
01/06/2004	3 yrs. 5 mos. Message			<p>[REASON] cough, congestion, fever to 100.4; [ACTION] albuterol q 4-6hours, appointment for worsening cough, increased work of breathing Caller: MOTHER Time Received: 10:44 AM Note for: BK</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
<u>2515:</u>				
12/13/2003	3 yrs. 4 mos.		Patient Encounter Brigitte Kerpsack, M.D.	Note written by: BK Call Status: Returned <u>034.0 STREPTOCOCCAL SORE THROAT</u> [PROBLEM] sore throat [OBJECTIVE] appears comfortable [EENTN] TMs - nl; oroph - erythematous; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ASSESSMENT] strep pharyngitis [PLAN] rapid strep positive amoxil 400 bid
12/05/2003	3 yrs. 4 mos.		Vaccine Gary S. Edelstein, M.D.	FLU - 3yrs+
09/12/2003	3 yrs. 1 mos.		Message CATHY FAIRBURN	[REASON] SCHOOL FORM WAS MAILED TO PARENTS ON 09-12-03 Time Received: 05:36 PM Note for: CF Note written by: CF Call Status: No follow necessary
06/20/2003	2 yrs. 10 mos.		Scanned Item GSE	[ITEM:] :DIAGNOSTIC TEST [CATEGORY:] THROAT CULTURE [Scan ID] 16966
06/20/2003	2 yrs. 10 mos.		Diagnostic Test	[O] [SCAN]THROAT CULTURE: [R] [SCAN]THROAT CULTURE: ; [Scan ID] 16966
06/16/2003	2 yrs. 10 mos.		Patient Encounter Gary S. Edelstein, M.D.	<u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] Peeling of hands and feet - has occurred twice; most recently over past week. Fever 2 days ago. No other rash. No fever today. Vomited twice last night. [OBJECTIVE] Well-appearing [EENTN] Oroph:nl; neck: supple; tubes appear in place, no erythema, no d/c [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, ND, NT, no HSM, no masses [Dermatologic] few mildly erythematous papules on trunk; peeling on feet [MISC.FINDINGS] anus - small tag-like lesion at 6:00 [ASSESSMENT] Viral illness [PLAN] rapid strep (-) culture sent; observe; phone f/u
04/28/2003	2 yrs. 9 mos.		Message Pamela R. Phillips	[REASON] peeling fingers/toes x 2-3 weeks, otherwise well [ACTION] appt this week Caller: DAD Time Received: 05:32 PM Note for: PRP Note written by: PRP Call Status: Returned
02/28/2003	2 yrs. 7 mos.		Growth Chart	Weight: 17.3 kg 38.0 lb 97 percentile Height: 98.4 cm 38.8 in 97 percentile Head Circ: 49.5 cm 93 percentile BMI: 17.8 90 percentile
02/28/2003	2 yrs. 7 mos.		Vaccine Brigitte Kerpsack, M.D.	FLU - 6-35m
02/28/2003	2 yrs. 7 mos.		Preventive Exam Brigitte Kerpsack, M.D.	<u>V20.2 ROUTINE INFANT/CHILD HEALTH CHECK</u> [SUBJECTIVE: Interval History Since Last Visit :] 2.5 years old - doing well s/p scarlet fever, amox completed few days ago

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		<p>no wheezing over past few months since removed rugs from house</p> <p>occasional iron drops</p> <p>Diet: Good appetite, doesn't like meat; 16 ozs milk; tap water</p> <p>Dev: sentences - understandable; pretend play; up stairs; names pix in book; help get dressed; throws ball overhand; brushes teeth</p> <p>Sleep: good</p> <p>Elim: toilet trained, diaper at night</p> <p>[EXAM: OBJECTIVE:] well-appearing</p> <p>....Weight: 38.0 lb 97 percentile</p> <p>....Height: 38.8 in 97 percentile</p> <p>[ABNORMALITIES EXPLAINED] Genitalia: nl female; few light downy hairs over labia</p> <p>[ADVICE:] Safety: choking foods (no nuts/popcorn, cut grapes, hot dogs, carrots), animals, car seat</p> <p>Diet: tap water, 1 - 2 % milk</p> <p>Acetaminophen dose</p> <p>[ISSUES] well toddler</p> <p>Hgb--10.4--continue iron, cbc with next visit</p> <p>influenza #2</p> <p>f/u 6 months</p> <p>[EXAM: FINDINGS]:</p> <p>....Eyes: -coverRR</p> <p>....Hearing: nl</p> <p>....HEENT: AFclosed</p> <p>....Ears: nl</p> <p>....Throat: nl</p> <p>....Neck: supple</p> <p>....Lymph: none</p> <p>....Heart: RR (-)M</p> <p>....Chest: equal BS</p> <p>....Lungs: clear</p> <p>....Abdomen: nl</p> <p>....Hips: symmetric</p> <p>....Pulses: fem 2+</p> <p>....Back: nl</p> <p>....Genitalia: see note</p> <p>....Hernia: no</p> <p>....Extremity: FROM-Anomalies</p> <p>....Skin: good</p> <p>....Dental: no lesions</p> <p>....Jaundice: no</p> <p>....Menstruation History: n/a</p> <p>....Gross Motor: nl gait</p> <p>....Fine Motor: nl</p> <p>....Behavioral Development: NORMAL</p> <p>....Neuro- Development: NORMAL</p> <p>....Language Development: NORMAL</p>
02/14/2003 2 yrs. 6 mos.	Message Gary S. Edelstein, M.D.	[REASON] vomiting and diarrhea since last night; less active [ACTION] Small frequent liquids; observe; phone f/u Caller: MOTHER Time Received: 12:16 PM Note for: GSE Note written by: GSE Call Status: Returned
02/14/2003 2 yrs. 6 mos.	Message Brigitte Kerpsack, M.D.	[REASON] fever to 103.4 diarrhea and vomiting using tylenol suppository [ACTION] tylenol for fever, encourage liquids phone f/u if worsens
02/13/2004 12:41 PM		Confidential Information

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		<p>Caller: MOTHER Time Received: 05:51 PM Note for: BK Note written by: BK Call Status: Returned</p>
11/14/2002 2 yrs. 3 mos.	Medication Melissa B. Nelson, M.D.	<p><u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon) Substitutions Permitted Start date: 11/14/2002</p>
11/14/2002 2 yrs. 3 mos.	Patient Encounter Melissa B. Nelson, M.D.	<p><u>381.01 ACUTE SEROUS OTITIS MEDIA</u> [PROBLEM] 2 yr old with 2 wks of coughing which is generally getting better. Had diarrhea and vomiting x 2 days which has now resolved. Last night, started c/o left ear pain. Right ear is dripping some "clear fluid". Myringotomy tubes placed in 8/2002. No fevers currently. [OBJECTIVE] Tired-appearing, otherwise comfortable....Temperature: 100 F Temp Site: Ear Canal [EENTN] Eyes: Conjunctiva - noninjected; Ears: serous otorrhea on right and bulging, tense effusion on left. Lt tube visualized. Not able to see tube on right. Nose: Nasal congestion; hyperemic, boggy mucosa oroph: injected, no exudate; [HEART] RR; nl S1, S2; no murmur [LUNGS] good aeration, clear [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] OM - bilaterally. S/P myringotomy tube placement in Aug 02. [PLAN] Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon)>>;</p>
11/04/2002 2 yrs. 3 mos.	Vaccine Pamela R. Phillips	<p>FLU - 6-35m</p>
11/04/2002 2 yrs. 3 mos.	Message Pamela R. Phillips	<p>[REASON] cough, wheeze, using albuterol [ACTION] appt Caller: MOTHER Time Received: 01:15 PM Note for: PRP Note written by: PRP Call Status: Returned</p>
11/04/2002 2 yrs. 3 mos.	Patient Encounter Pamela R. Phillips	<p><u>493.90 UNS ASTHMA WOSTATUS ASTHMATICUS</u> [PROBLEM] started with cough, wheeze, congestion last night, using albuterol neb with improvement; last neb 5 hrs ago [OBJECTIVE] Well-appearing [EENTN] TMs - tubes in place bilaterally; oroph - nl; conjunctiva - noninjected; neck - supple [HEART] RR; nl S1, S2; no murmur [LUNGS] RR30, good AE, scattered crackles [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] asthma [PLAN] cont albuterol nebs q4 start pulmicort 0.25 bid flu shot 0.25 - RTO 1 mo for flu#2 phone f/u</p>
10/21/2002 2 yrs. 2 mos.	Patient Encounter Pamela R. Phillips	<p><u>493.10 IN ASTHMA WOSTATUS ASTHMATICUS</u> [PROBLEM] has a cold, wheezing, last neb 6am, started on orapred by Dr Nelson last night [OBJECTIVE] Well-appearing [EENTN] TMs - nl; oroph - nl; conjunctiva - noninjected; neck - supple</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
10/08/2002	2 yrs. 2 mos. Scanned Item PRP			<p>[HEART] RR; nl S1, S2; no murmur [LUUNGS] good AE, (+ scattered wheeze, occ crackles, no rtx/flaring [ABDOMEN] soft, NT, ND, no masses, no HSM [DERMATOLOGIC] no rashes, normal turgor [ASSESSMENT] asthma [PLAN] cont albuterol q4 orapred 1 tsp bid x 5 days phone f/u flu shot next week</p> <p>[ITEM:] :REFERRAL LETTER [CATEGORY:] DR. KELLER [Scan ID] 8863</p>
08/16/2002	2 yrs. 0 mos. Medication Melissa B. Nelson, M.D.			<p>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</p> <p>Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon) Substitutions Permitted Start date: 08/16/2002 End date: 08/26/2002 Weight: 35 Lb.</p>
08/16/2002	2 yrs. 0 mos. Patient Encounter Melissa B. Nelson, M.D.			<p>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</p> <p>[PROBLEM] Began c/o right ear pain this am. Last OM was approx 1 month ago. She is scheduled for bilateral myringotomy tube placement in 2 weeks (8/28). No fevers. [OBJECTIVE] Well-appearing active [EENTN] Eyes: Conjunctiva - noninjected; Ears: TM - Right red, full, Left - normal; nose: normal oroph:nl; neck: supple; no adenopathy [HEART] Heart: RR; nl S1, S2; no murmur [LUUNGS] good aeration, clear [ABDOMEN] soft, NT, ND, no masses, no HSM [ASSESSMENT] Rt OM [PLAN] Augmentin <<[#517] Augmentin [600 mg/5cc] Calculated Dosage: 5cc 2 times per day for 10 days. (NOTE: 5cc = 1 teaspoon)>>; Mother to contact ENT reference surgery on 8/28.</p>
07/24/2002	2 yrs. 0 mos. Growth Chart			<p>Weight: 14.5 kg 32.0 lb 95 percentile Height: 95.3 cm 37.5 in 97 percentile Head Circ: 49.5 cm 93 percentile BMI: 16.0 39 percentile</p>
07/24/2002	2 yrs. 0 mos. Diagnostic Test Pamela R. Phillips			<p>[O] PEDIATRIC: [R] HGB/HCT - HEMOGRAM: 11.80;</p>
07/24/2002	2 yrs. 0 mos. Preventive Exam Pamela R. Phillips			<p>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</p> <p>[SUBJECTIVE: Interval History Since Last Visit :] 2 yr. old - doing well - s/p episode of RAD last week, still coughing a little on ferinsol Diet: Good appetite; <24 ozs milk; tap water</p> <p>Dev: combines 2/3 words; uses imaginative toys; names pix in book runs; up/down stairs; helps to undress circular scribbles; uses spoon well</p> <p>Elim: nl, showing interest in potty - pees in potty</p> <p>Sleep: good</p> <p>[EXAM: OBJECTIVE:] well-appearing Weight: 32.0 lb 95 percentile Height: 37.5 in 97 percentile</p> <p>[ABNORMALITIES EXPLAINED] TMs - bilateral serous effusions</p> <p>[ADVICE:] AG: behavior issues (time out), toilet training Diet: tap water or fluoride drops; 1 - 2 % milk acetaminophen and ibuprofen doses Safety: no choking foods; car seat; street safety; water safety</p>

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		<p>[ISSUES] well toddler/ chronic SOM</p> <p>ENT referral-Keller or DeSerres hgb 11.8-cont ferinsol but may decrease to 1 dropper qd flu shot in fall albuterol neb prn cough f/u 6 months</p> <p>[EXAM: FINDINGS]:</p> <p>....Eyes: RR-cover....Hearing: nl....HEENT: AFclosed....Ears: nl....Throat: nl....Neck: supple....Lymph: none....Heart: RR, no murmur....Chest: equal BS....Lungs: clear....Abdomen: nl....Hips: symmetric....Pulses: fem 2+ ....Back: nl....Genitalia: nl female....Hernia: no....Extremity: FROM, nl....Skin: good....Dental: nl....Jaundice: no....Menstruation History: n/a....Gross Motor: nl tone....Fine Motor: nl....Behavioral Development: nl....Neuro- Development: nl....Language Development: nl</p>
07/16/2002 23 mos. 24 days Patient Encounter Brigitte Kerpssack, M.D.		<p><u>493.90 ASTHMA, UNSPECIFIED TYPE, WITHOUT MENTION OF STATUS ASTHMATI</u></p> <p>[PROBLEM] cough x 3 days yesterday had increased work of breathing--pulling in at neck and stomach--aunt who has asthmatic child though looked like asthma better today had fever 2 days ago, none today coughs when she runs even when not sick one prior episode of increased work of breathing that seemed to respond to cousin's albuterol</p> <p>[OBJECTIVE] well appearing, active....Temperature: 98.7 F Temp Site: Ear Canal</p> <p>[EENTN] TMs - bilateral serous effusions; oroph - nl; conjunctiva - noninjected; neck - supple</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] good aeration, bilateral soft crackles at bases, no retractions, breathing comfortably</p> <p>[ABDOMEN] soft, NT, ND, no masses, no HSM</p> <p>[ASSESSMENT] RAD with URI</p> <p>[PLAN] albuterol neb x 1 in office --with increased crackles albuerol nebs q 6 hours orapred 15 mg x 3 days f/u if develops increased work of breathing, new fever ear check at well visit</p>
06/29/2002 23 mos. 7 days Scanned Item BK		<p>[ITEM] :DIAGNOSTIC TEST</p> <p>[CATEGORY] CBC WITH PLATELETS</p> <p>[Scan ID] 6943</p>
06/29/2002 23 mos. 7 days Diagnostic Test		<p>[O] [SCAN]CBC WITH PLATELETS: [R] [SCAN]CBC WITH PLATELETS: ; [Scan ID] 6943</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
			Brigitte Kerpsack, M.D.	
06/26/2002	23 mos. 4 days			<p>[REASON] hgb 10.0</p> <p>[ACTION] to start ferinsol 1 dropper bid - will recheck at 2yr WCC visit next month</p> <p>Caller: MOTHER</p> <p>Time Received: 09:43 AM</p> <p>Note for: PRP</p> <p>Note written by: PRP</p> <p>Call Status: No follow necessary</p>
06/17/2002	22 mos. 25 days		Patient Encounter Pamela R. Phillips	<p><u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u></p> <p>[PROBLEM] fever to 101, cough, runny nose, less active than usual;</p> <p>[OBJECTIVE] Well-appearing</p> <p>....Temperature: 101.9 F Temp Site: Ear Canal</p> <p>[EENTN] Conjunctiva - noninjected; left TM - red, bulging, right TM normal; oroph:nl; neck: supple;</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] RR32, good AE, scattered crackles, no wheeze</p> <p>[ABDOMEN] soft, NT, ND, no masses, no HSM</p> <p>[DERMATOLOGIC] no rashes, normal turgor</p> <p>[ASSESSMENT] LOM</p> <p>viral illness</p> <p>[PLAN] zithromax 200/5 - 4cc today then 2cc qd days 2-5</p> <p>call for worsening resp sx</p> <p>recheck ear at 2yr WCC visit (one month) - consider ENT referral if unresolved</p>
05/23/2002	22 mos. 1 days		Patient Encounter Karen A. Kennedy, M.D.	<p><u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u></p> <p>[PROBLEM] Fever last weeek which resolved and URI sx-c/o ear pain this am. "Wet" cough especially when sleeping. Good PO's, sleeping well.</p> <p>[OBJECTIVE] Well-appearing</p> <p>[EENTN] Right TM /pharynx normal-left TM red/retracted-supple neck</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] Good aeration, clear</p> <p>[ABDOMEN] Soft, NT</p> <p>[PLAN] Supportive care</p> <p>Omnicef 125/5 1 1/2 tsp qd x 10 days</p>
04/16/2002	20 mos. 24 days		Patient Encounter Brigitte Kerpsack, M.D.	<p><u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u></p> <p>[PROBLEM] here for ear check</p> <p>s/p OM x 2, s/p augmentin</p> <p>no recent fevers</p> <p>occasional cough</p> <p>[OBJECTIVE] well appearing</p> <p>[EENTN] TMs - nl; conjunctiva - noninjected; neck - supple</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] good aeration, clear</p> <p>[ABDOMEN] soft, NT, ND, no masses, no HSM</p> <p>[DERMATOLOGIC] no rashes, normal turgor</p> <p>[ASSESSMENT] resolved OM</p> <p>[PLAN] f/u 3 months for wcc</p>
04/10/2002	20 mos. 18 days		Message Karen A. Kennedy, M.D.	<p>[REASON] Needs refill of Triviflor.</p> <p>[ACTION] Triviflo 0.25 qd with 5 refills.</p> <p>Caller: PHARMACY</p> <p>Time Received: 02:04 PM</p> <p>Note for: KAK</p> <p>Note written by: KAK</p> <p>Call Status: Returned</p>
02/27/2002	19 mos. 5 days		Growth Chart	<p>Weight: 12.6 kg 27.6 lb 84 percentile</p> <p>Height: 90.2 cm 35.5 in 97 percentile</p> <p>Head Circ: 48.5 cm 90 percentile</p>
02/27/2002	19 mos. 5 days		Preventive Exam	<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:			Pamela R. Phillips	<p>[SUBJECTIVE: Interval History Since Last Visit :] 18 months - doing well has had fever - resolved 2 days ago, cough Diet: good appetite < 24 ozs whole milk, tap water, fluoride Dev: words (many), indicates wants, scribbles, walks upstairs 1 hand held, throws ball, stacks blocks Sleep: good, 1 nap Elim: nl [EXAM: OBJECTIVE:] Well Weight: 27.6 lb 84 percentile Height: 35.5 in 97 percentile [ABNORMALITIES EXPLAINED] right tm - red, bulging; left tm - red, (+)pus behind inferior portion of tm, but landmarks visualized [ADVICE:] Safety: choking foods, supervision near streets, water, never leave unattended car/home</p> <p>AG: may resist bedtime, normal to fall, can buy potty, night awakenings Toys: word books, push/pull toys, parallel play with peers</p> <p>Tylenol dose [ISSUES] well toddler/BOM</p> <p>augmentin CBC, lead</p> <p>f/u in 6 months [EXAM: FINDINGS]: Eyes: RR-cover Hearing: nl HEENT: AFclosed Ears: see note Throat: nl Neck: supple Lymph: none Heart: RR, no murmur Chest: equal BS Lungs: clear Abdomen: nl Hips: symmetric Pulses: fem 2 + Back: normal Hernia: no Extremity: FROM, nl Skin: good Dental: no lesions Jaundice: no Menstruation History: n/a Gross Motor: normal Fine Motor: normal Behavioral Development: normal Neuro- Development: nl Language Development: normal</p> <p>02/21/2002 18 mos. 29 days Message Pamela R. Phillips</p> <p>[REASON] completed course of amox 1 week ago, now agian with fever to 101+, runny nose, mild cough; vomited x 1 this am, decreased appetite but drinking ok [ACTION] observe, appt if no improvement Caller: MOTHER Time Received: 01:51 PM Note for: PRP Note written by: PRP Call Status: Returned</p> <p>02/04/2002 18 mos. 12 days Patient Encounter</p> <p><u>382.00 ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE</u> [PROBLEM] 2 days of fever to 102.7, cough, congestion, waking from cough, not eating</p>
02/13/2004 12:41 PM				Confidential Information
				Page 8 of 18

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:			Pamela R. Phillips	<p>well but drinking ok; cousin with same</p> <p>[OBJECTIVE] Well-appearing</p> <p>....Temperature: 99.9 F Temp Site: Ear Canal</p> <p>[EENTN] Conjunctiva - noninjected; TMs - red, full bilaterally L>R; clear rhinorrhea; oroph:nl; neck: supple;</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] good aeration, scattered crackles</p> <p>[ABDOMEN] soft, NT, ND, no masses, no HSM</p> <p>[DERMATOLOGIC] no rashes, normal turgor</p> <p>[ASSESSMENT] BOM</p> <p>[PLAN] amoxil 400/5 1 tsp bid x 10 days</p> <p>recheck at well visit</p>
01/22/2002	18 mos. 0 days		Schedule	[No Show for scheduled appt.- Patient did not call to cancel.] No Show: SEPULVEDA, SKYLER [201-432-9086] ~18M EXAM-GSE -- GSE N/A----
			Gary S. Edelstein, M.D.	
12/27/2001	17 mos. 5 days		Message	<p>[REASON] fever since last night, no runny nose or cough</p> <p>s/p ear infection 3 weeks ago</p> <p>[ACTION] tylenol or motrin for fever</p> <p>f/u if no improvement or if no other symptoms develop</p> <p>Caller: MOTHER</p> <p>Time Received: 05:31 PM</p> <p>Note for: BK</p> <p>Note written by: BK</p> <p>Call Status: Returned</p>
12/03/2001	16 mos. 11 days		Patient Encounter	<p><u>786.2 COUGH</u></p> <p>[PROBLEM] Coughing for almost 1 month. Is congested. Not sleeping well. Fever 3 days ago. Posttussive vomiting. Decreased appetite/drinking fine. Less active. No one else sick at home.</p> <p>[OBJECTIVE] Well-appearing</p> <p>....Respiratory Rate: 30</p> <p>[EENTN] Conjunctiva - noninjected; TMs normal landmarks and light reflex; neck: supple</p> <p>[HEART] RR; nl S1, S2; no murmur</p> <p>[LUNGS] good aeration, scattered crackles/wheezes, no retractions</p> <p>[MISC.FINDINGS] Exts: well perfused</p> <p>[ASSESSMENT] cough</p> <p>[PLAN] trial of flovent 44 mcg BID; phone f/u</p>
			Gary S. Edelstein, M.D.	
11/28/2001	16 mos. 6 days		Message	<p>[REASON] cold 1 month ago; has continued coughing; no fever; acting fine</p> <p>[ACTION] appt within next week if no improvement</p> <p>Caller: MOTHER</p> <p>Time Received: 03:50 PM</p> <p>Note for: GSE</p> <p>Note written by: GSE</p> <p>Call Status: Returned</p>
			Gary S. Edelstein, M.D.	
10/23/2001	15 mos. 1 days		Growth Chart	<p>Weight: 12.5 kg 27.6 lb 96 percentile</p> <p>Height: 85.1 cm 33.5 in 97 percentile</p> <p>Head Circ: 47.7 cm 92 percentile</p>
10/23/2001	15 mos. 1 days		Vaccine	<p>DTaP</p> <p>HepB/HIB</p>
			Gary S. Edelstein, M.D.	
10/23/2001	15 mos. 1 days		Preventive Exam	<p><u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u></p> <p>[SUBJECTIVE: Interval History Since Last Visit :] 15 months - doing well; cough; no fever; sounded like she was wheezing</p> <p>Diet: table foods;</p> <p>< 24 ozs whole milk; fluoride drops</p> <p>Dev: words, understands commands, walks alone, uses cup, points to body parts</p> <p>Sleep: good</p> <p>Elim: sometimes hard</p>
			Gary S. Edelstein, M.D.	
02/13/2004	12:41 PM			Confidential Information
				Page 9 of 18

Date	Record Type Age on Date	Provider/Entered By	Record Summary
2515:			
<p>[EXAM: OBJECTIVE:] Well Weight: 27.6 lb 96 percentile Height: 33.5 in 97 percentile [ABNORMALITIES EXPLAINED] HEENT: nl shape; mild nasal congestion [ADVICE:] No choking foods - nuts, popcorn, raw carrots; cut grapes and hot dogs Safety: toddler car seat, water safety, cords, medications out of reach Toys: books, push-pull toys, "brooms" AG: too early for toilet training, fears [ISSUES] well child dietary changes for constipation DTaP, comvax f/u in 3 months [EXAM: FINDINGS]: Eyes: RR-cover Hearing: nl HEENT: see note Ears: TMs - nl Throat: nl Neck: supple Lymph: none Heart: RR, no murmur Chest: equal BS Lungs: clear Abdomen: nl Hips: symm Pulses: fem 2+ Back: nl Genitalia: nl female Hernia: no Extremity: FROM, well perfused Skin: good Dental: no lesions Jaundice: no Menstruation History: n/a Gross Motor: normal Fine Motor: normal Behavioral Development: normal Neuro-Development: normal Language Development: normal </p>			
<p>10/09/2001 14 mos. 17 days Patient Encounter Brigitte Kerpssack, M.D.</p> <p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] 3 day h/o decreased appetite, drinking well fever x 1 day small diarrhea vomited x 2 no runny nose, cough, was picking at ears [OBJECTIVE] well appearing [EENTN] TMs-normal; oroph-mildly injected with few white papules, no exudate, neck - supple; conjunctiva - noninjected [HEART] RR, no murmurs [LUNGS] good aeration, clear [ABDOMEN] soft, NT/ND, no masses or HSM [DERMATOLOGIC] no rashes [ASSESSMENT] viral illness [PLAN] encourage liquids tylenol for fever f/u if fever persists </p>			
<p>08/13/2001 12 mos. 21 days Patient Encounter Brigitte Kerpssack, M.D.</p> <p><u>079.99 UNSPECIFIED VIRAL INFECTION</u> [PROBLEM] rash over body had fever to 101-102 3-4 days ago, none since; diarrhea, decreased appetite yet good </p>			
<p>02/13/2004 12:41 PM</p>			

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
fluid intake [OBJECTIVE] appears comfortable [EENTN] TMs-erythematous; oroph-injected with few papules, neck - supple; conjunctiva - mildly injected [HEART] RR, no murmurs [LUNGS] good aeration, clear [ABDOMEN] soft, NT/ND, no masses or HSM [DERMATOLOGIC] erythematous papular rash over body [ASSESSMENT] rash, diarrhea, pharyngitis c/w viral illness [PLAN] tylenol for fever encourage liquids				
07/23/2001	12 mos. 1 days			Weight: 12.0 kg 26.3 lb 97 percentile
	Growth Chart			Height: 82.6 cm 32.5 in 97 percentile
				Head Circ: 47.0 cm 93 percentile
07/23/2001	12 mos. 1 days			MMR
	Vaccine			Var
			Gary S. Edelstein, M.D.	
07/23/2001	12 mos. 1 days			<u>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</u>
	Preventive Exam			[SUBJECTIVE: Interval History Since Last Visit :] 1 year old - doing well
	Gary S. Edelstein, M.D.			Diet:good appetite; 8 ozs X 3 - 4
				Dev: kisses/hugs; starting to understand; words; uses cup; walks w/ 1 hand/alone
				Sleep:good
				Elim:nl
				[EXAM: OBJECTIVE:] Well
				....Weight: 26.3 lb 97 percentile
				....Height: 32.5 in 97 percentile
				....Temperature: 0 F
				[ADVICE:] Safety: no choking foods (nuts, popcorn, raw carrots, cut hotdogs and grapes), corners, poisoning, gates
				Diet: whole milk (< 24 ozs)
				Toys: pull/push toys, play "point and name", shape sorter
				AG: walking, decr. appetite, negativism, discipline
				[ISSUES] well baby
				< 24 ozs milk
				MMR, Varicella, Prevnar(not in stock)
				f/u 3 months
				[EXAM: FINDINGS]:
				....Eyes: RR-cover
				....Hearing: nl, AEOF
				....HEENT: nl shape
				....Ears: Tms nl
				....Throat: nl
				....Neck: supple
				....Lymph: none
				....Heart: RR, no murmur
				....Chest: equal BS
				....Lungs: clear
				....Abdomen: nl
				....Hips: symm
				....Pulses: fem 2+
				....Back: nl
				....Genitalia: Normal
				....Hernia: no
				....Extremity: nl
				....Skin: good
				....Dental: no rashes
				....Jaundice: no
				....Menstruation History: n/a
				....Gross Motor: stands

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				<p>....Fine Motor: NORMAL Behavioral Development: NORMAL Neuro- Development: NORMAL Language Development: NORMAL</p>
07/05/2001	11 mos. 13 days		Patient Encounter Pamela R. Phillips	<p>910 SUPERFICIAL INJURY OF FACE, NECK, AND SCALP EXCEPT EYE</p> <p>[PROBLEM] fell out of stroller this am, nose bled - cried immediately, no LOC, taken to ER in NJ - told was fine, but mom wants to be sure</p> <p>[OBJECTIVE] Well appearing, happy</p> <p>[EENTN] nose, upper lip with large abrasion, no laceration, no active bleeding; nose - no deformity, no septal hematoma; upper lip - swollen, op - clear</p> <p>[MISC.FINDINGS] neuro - nonfocal</p> <p>[ASSESSMENT] facial trauma</p> <p>[PLAN] observe head injury instructions topical abx ointment phone f/u prn</p>
06/20/2001	10 mos. 28 days		Message Gary S. Edelstein, M.D.	<p>[REASON] had vaginal d/c which has resolved; now with redness; [ACTION] Zinc oxide ; observe; Caller: MOTHER Time Received: 01:50 PM Note for: GSE Note written by: GSE Call Status: Returned</p>
06/14/2001	10 mos. 22 days		Message Brigitte Kerpsack, M.D.	<p>[REASON] greenish-yellow discharge noted twice on diaper over past 2 days, also after wiping; had AGE last week, no fevers, otherwise well [ACTION] probable vaginitis; bath bid, f/u if no improvement or if fever Caller: MOTHER Time Received: 04:45 PM Note for: BK Note written by: BK Call Status: Returned</p>
04/23/2001	9 mos. 1 days		Growth Chart	<p>Weight: 10.2 kg 22.4 lb 95 percentile Height: 76.8 cm 30.3 in 97 percentile Head Circ: 46.0 cm 94 percentile</p>
04/23/2001	9 mos. 1 days		Vaccine Gary S. Edelstein, M.D.	<p>IPV</p>
04/23/2001	9 mos. 1 days		Preventive Exam Gary S. Edelstein, M.D.	<p>V20.2 ROUTINE INFANT OR CHILD HEALTH CHECK</p> <p>[SUBJECTIVE: Interval History Since Last Visit :] 9 months - doing well; has a cold, no fever. White inside mouth; taking flouride occ.</p> <p>Diet: baby food; formula; water</p> <p>Dev: pincer grasp, babbles, sits, crawls, pulls to stand, bangs, bye-bye, claps</p> <p>Sleep: awakes at night - falls asleep in bed</p> <p>Elim: nl</p> <p>[EXAM: OBJECTIVE:] Well</p> <p>....Weight: 22.4 lb 95 percentile</p> <p>....Height: 30.3 in 97 percentile</p> <p>....Temperature: 0 F</p> <p>[ADVICE:] Diet: cup/spoon, table foods (no choking foods, shell fish, honey, tomatoes, strawberries, chocolate, nuts); tap water for fluoride, yogurt</p> <p>Tylenol dose</p> <p>Safety: foods, have Bendryl, babyproofing, gates</p> <p>AG: sit/crawl/pull to stand/walling; night awakenings, appetite changes, tantrum</p> <p>Toys: containers, books with stiff pages</p> <p>[ISSUES] well baby</p> <p>flouride .25 mg</p> <p>IPV</p> <p>Given MMR, varicella handouts</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
03/16/2001	7 mos. 24 days		Message Gary S. Edelstein, M.D.	<p>[REASON] Upper respiratory infection: Runny nose - Clear ; yellow; no fever. decreased appetite; playful;</p> <p>[ACTION] Can use OTC med qhs; observe; phone f/u</p> <p>Caller: MOTHER</p> <p>Time Received: 11:26 AM</p> <p>Note for: GSE</p> <p>Note written by: GSE</p> <p>Call Status: Returned</p>
01/23/2001	6 mos. 1 days		Growth Chart	<p>Weight: 8.9 kg 19.6 lb 97 percentile</p> <p>Height: 72.4 cm 28.5 in 97 percentile</p> <p>Head Circ: 44.0 cm 87 percentile</p>
01/23/2001	6 mos. 1 days		Vaccine Gary S. Edelstein, M.D.	<p>PCV</p> <p>IPV</p> <p>DTaP</p>
01/23/2001	6 mos. 1 days		Preventive Exam Gary S. Edelstein, M.D.	<p>[SUBJECTIVE: Interval History Since Last Visit :] 6 months - doing well</p> <p>Diet:Good Start/baby food</p> <p>Dev: babbles, rolls, sits, reaches, transfers</p> <p>Sleep:good</p> <p>Elim:nl</p> <p>....Weight: 19.6 lb 96.0 percentile</p> <p>....Height: 28.5 in 99.0 percentile</p> <p>[ABNORMALITIES EXPLAINED] Abdomen: Soft, NT/ND, no masses or HSM (= nl for future visits)</p> <p>[ADVICE:]</p> <p>Diet: high chair, cup (tap water for fluoride), stage 2 foods, no table foods</p> <p>Tylenol dose</p> <p>Safety - no allergy foods(tomatoes, berries, chocolate, nuts, honey) babyproofing, benadryl</p> <p>Toys: large, easy to hold objects</p> <p>AG: teething, stanger/separation anxiety, waking at night, may sit/crawl/pull to stand</p> <p>[ISSUES]</p> <p>well baby</p> <p>DTaP, prevnar, IPV</p>
02/13/2004	12:41 PM			<p>Confidential Information</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				<p>f/u 3 months</p> <p>[EXAM: FINDINGS]:</p> <p>....Eyes: RR X 2</p> <p>....Hearing: nl, AFOF</p> <p>....HEENT: nl shape</p> <p>....Ears: TMs - nl</p> <p>....Throat: nl</p> <p>....Neck: supple</p> <p>....Lymph: none</p> <p>....Heart: RR, no murmur</p> <p>....Chest: clear</p> <p>....Lungs: equal BS</p> <p>....Abdomen: see note</p> <p>....Hips: symm, no clicks</p> <p>....Pulses: fem 2+</p> <p>....Back: nl</p> <p>....Genitalia: Normal</p> <p>....Hernia: none</p> <p>....Extremity: FROM; nl</p> <p>....Skin: none</p> <p>....Dental: no rashes</p> <p>....Jaundice: no</p> <p>....Menstruation History: n/a</p> <p>....Gross Motor: nl tone</p> <p>....Fine Motor: grasps</p> <p>....Behavioral Development: nl</p> <p>....Neuro- Development: NORMAL</p> <p>....Language Development: NORMAL</p>
12/13/2000 4 mos. 21 days	Patient Encounter		Gary S. Edelstein, M.D.	<p>079.99 UNSPECIFIED VIRAL INFECTION</p> <p>[PROBLEM] Has been constipated. This AM developed red bumps on her cheeks. Today began coughing and sneezing, and developed fever to 101.3. Last tylenol 1 hour ago. Decreased appetite. No one else sick at home.</p> <p>[OBJECTIVE] Well appearing</p> <p>[EENTN] TMs-normal; oroph-noninjected, no exudate, neck - supple; conjunctiva - noninjected ; shotty occipital nodes;</p> <p>[HEART] RR, no murmurs</p> <p>[LUNGS] good aeration, clear</p> <p>[ABDOMEN] soft, NT/ND, no masses or HSM</p> <p>[DERMATOLOGIC] no rashes</p> <p>[MISC.FINDINGS] Exts-well perfused</p> <p>[ASSESSMENT] Viral illness</p> <p>[PLAN] Observe; antipyretics ;encourage liquids; phone f/u</p>
11/29/2000 4 mos. 7 days	Growth Chart			<p>Weight: 7.6 kg 16.8 lb 95 percentile</p> <p>Height: 67.3 cm 26.5 in 97 percentile</p> <p>Head Circ: 42.5 cm 83 percentile</p>
11/29/2000 4 mos. 7 days	Vaccine		Gary S. Edelstein, M.D.	<p>DTaP</p> <p>HepB/HIB</p> <p>PCV</p>
11/29/2000 4 mos. 7 days	Preventive Exam		Gary S. Edelstein, M.D.	<p>[SUBJECTIVE: Interval History Since Last Visit :] 4 months old - doing well</p> <p>Diet: Good Start</p> <p>Dev: babbles/laughs; reaching; hands together; objects to mouth; holds rattle</p> <p>Sleep: back/side</p> <p>Elim:</p> <p>....Weight: 16.8 lb 79.0 percentile</p> <p>....Height: 26.5 in 87.0 percentile</p> <p>[ABNORMALITIES EXPLAINED] Abdomen: Soft, NT/ND, no masses or HSM</p> <p>[ISSUES] well baby</p> <p>DTaP, comvax, prevnar</p> <p>Discuss starting baby food</p> <p>Acetaminophen dose</p> <p>Safety: don't leave alone on elevated surface; choking; burns; sun exposure</p>

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				
				<p>Toys: large/easy to hold objects, rattles, speak/sing to baby AG: everything in mouth, teething; prefers seated position, rolling, reaching Starting feeding handout f/u in 2 months</p> <p>[EXAM: FINDINGS]:</p> <ul style="list-style-type: none">Eyes: RRX2 ....Hearing: AF - OF ....HEENT: nl shape ....Ears: TMs - nl ....Throat: nl ....Neck: supple ....Lymph: none ....Heart: RR, no murmur ....Chest: equal BS ....Lungs: clear ....Abdomen: see note ....Hips: symm, no clicks ....Pulses: fem 2+ ....Back: nl ....Genitalia: nlfemale ....Hernia: none ....Extremity: well perfused, nl; ....Skin: n/a ....Dental: no rashes ....Jaundice: none ....Menstruation History: n/a ....Gross Motor: hldshead ....Fine Motor: nl tone ....Behavioral Development: alert ....Neuro- Development: NORMAL ....Language Development: NORMAL
10/30/2000	3 mos. 8 days		Growth Chart	<p>Weight: 6.8 kg 14.9 lb 92 percentile Height: 64.8 cm 25.5 in 97 percentile Head Circ: 41.0 cm 70 percentile</p>
10/30/2000	3 mos. 8 days	Vaccine	Gary S. Edelstein, M.D.	IPV
10/30/2000	3 mos. 8 days	Preventive Exam	Gary S. Edelstein, M.D.	<p>[SUBJECTIVE: Interval History Since Last Visit :] 3 months - doing well; rash on face Diet: Good Start Sleep:back/side Dev: smiles/squeals, follows 180, hands together, turns head toward sound, regards hands Elim:nl Weight: 14.9 lb 74.0 percentile Height: 25.5 in 86.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: soft, ND, NT, no masses, no HSM [ISSUES] well baby IPV Diet: no solids yet acetaminophen dose Safety: never leave unattended, sleep position Toys: cradle gym, kick gym, mirror, mobile, bright large objects, AG: stays awake longer, reaches/grasping. babbling, drooling/everything in mouth</p> <p>[EXAM: FINDINGS]:</p> <ul style="list-style-type: none">Eyes: RR X 2 ....Hearing: AF - OF ....HEENT: nl shape ....Ears: TMs - nl ....Throat: CLEAR ....Neck: supple ....Lymph: none ....Heart: RR, no murmur

Date	Record Type	Age on Date	Provider/Entered By	Record Summary
2515:				<p>....Chest: equal BS....Lungs: CLEAR....Abdomen: see note....Hips: symm,no clicks....Pulses: fem 2+ ....Back: Normal....Genitalia: nl female....Hernia: none....Extremity: well perfused....Skin: n/a....Dental: No lesions....Jaundice: none....Menstruation History: n/a....Gross Motor: nl tone....Fine Motor: NORMAL....Behavioral Development: alert....Neuro- Development: head up....Language Development: "talks"</p>
09/12/2000	7 wks 3 days		Growth Chart	<p>Weight: 5.5 kg 12.2 lb 92 percentile Height: 59.7 cm 23.5 in 94 percentile Head Circ: 39.0 cm 68 percentile</p>
09/12/2000	7 wks 3 days		Vaccine Gary S. Edelstein, M.D.	<p>DTaP HepB/HIB PCV</p>
09/12/2000	7 wks 3 days		Preventive Exam Gary S. Edelstein, M.D.	<p>[SUBJECTIVE: Interval History Since Last Visit :] 2 months - Doing well Diet:carnation good start every 3 hours Dev: smiles, coos, follows past midline, responds to loud noises sleep: on back/side elim:qd - q 3days....Weight: 12.2 lb 79.0 percentile....Height: 23.5 in 84.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: soft, ND, NT nomasses, no HSM [ISSUES] well baby DTaP, comvax, prevnar acetaminophen dose Safety: never leave unattended, sun protection (hats, shade, no sunscreen until 3 months) Toys: cradle gym, mirror, mobile, objects to swipe at AG: smiles/squeals/more cooing, regards hands, turns to sounds</p> <p>Plan: DTAP/HiB/IPV [EXAM: FINDINGS]: ....Eyes: RR X 2....Hearing: NORMAL....HEENT: AFOF....Ears: TMs - nl....Throat: normal....Neck: supple....Lymph: none....Heart: RR, no murmur....Chest: equal BS....Lungs: clear....Abdomen: see note....Hips: symm, no clicks....Pulses: fem 2+ ....Back: normal....Genitalia: nlfemale....Hernia: none....Extremity: FROM, (-)anomalies....Skin: n/a....Dental: No lesions</p>

Date	Record Type Age on Date Provider/Entered By	Record Summary
2515:		
		<p>....Jaundice: none....PKU: sickletrai....Menstruation History: n/a....Gross Motor: nl tone....Fine Motor: normal....Behavioral Development: head up....Neuro- Development: alert....Language Development: coos</p>
08/21/2000	4 wks 2 days Message Pamela R. Phillips	<p>[REASON] no BM x 48 hrs, feeding well, good urine output, seems to be straining [ACTION] observe, glycerine supp if no BM within next 24-48 hrs Caller: MOTHER Time Received: 11:58 AM Note for: PRP Note written by: PRP Call Status: Returned</p>
08/01/2000	1 wks 3 days Growth Chart	<p>Weight: 3.8 kg 8.4 lb 62 percentile</p>
08/01/2000	1 wks 3 days Preventive Exam Gary S. Edelstein, M.D.	<p>[SUBJECTIVE: Interval History Since Last Visit :] 10 days old girl; Doing well; Diet: similac with iron 3.5 oz q 3 hours sleep: side/back elim: frequent stools....Weight: 8.4 lb 64.0 percentile [ABNORMALITIES EXPLAINED] Abdomen: soft, NT, ND, no masses, no HSM; Skin: 2 scabs on scalp [ADVICE:] Respond to cries, sleep position (back/side), more alert time Alternate head position, rectal thermometer Define colic, constipation Diet: no water, appetite spurts, can't overfeed Discuss depressive symptoms [ISSUES] well baby f/u at 6 weeks [EXAM: FINDINGS]: ....Eyes: RR X 2....HEENT: AEOF....Ears: TMs - nl....Throat: normal....Neck: supple....Lymph: none....Heart: RR, no murmur....Chest: equal BS....Lungs: CLEAR....Abdomen: see note....Hips: symm, no clicks....Pulses: fem 2+ ....Back: no pit/tuft, nl placement....Genitalia: BTdesc....Hernia: none....Extremity: FROM, (-)anomalies....Skin: n/a....Dental: see note....Jaundice: none....PKU: pending....Menstruation History: n/a....Gross Motor: sym Moro....Fine Motor: grasps....Neuro- Development: nl tone</p>
07/22/2000	0 wks 0 days Newborn Hx	<p>Birth weight: 3.5 kg 7.8 lb Birth length: 51.4 cm 20.25 in Gestational Age: FULL TERM</p>

<i>Date</i>	<i>Record Type</i>	<i>Age on Date</i>	<i>Provider/Entered By</i>	<i>Record Summary</i>
2515:				

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER
Date Entered: 06/20/2003

Scan ID: 16966

Type of Item: :DIAGNOSTIC TEST
Category: THROAT CULTURE

Data & Central Equipment FAILURE

(480) 431-1330 -> ????????????????????? 07 JUN 03 01:00



Quest
Diagnostics
QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.431.1390

SPECIMEN INFORMATION
SPECIMEN: 46185428
REQUISITION:

COLLECTED: NONE
RECEIVED: 06/16/2003 18:53
REPORTED: 06/18/2003 18:56

PATIENT INFORMATION
SEPULVEDA, SKYLER
DOB: 07/22/2000 AGE: 2
GENDER: F
SS:
PHONE: 201.432.9066

REPORT STATUS FINAL
ONCALL PHYSICIAN
EDELSTEIN, GARY
CLIENT INFORMATION
TB6425 10083060
MANHATTAN PEDIATRICS, PC
SUITE 410
16 EAST 60TH ST
NEW YORK, NY 10022-1002

Test Name
STREP GROUP A CULT, THROAT

Final

Lab
TBR
No group A streptococci
isolated

PERFORMING LABORATORY INFORMATION:
TBR Quest Diagnostics One Lincoln Avenue Teaneck NJ 07666 Laboratory Director: William E. Tarr, M.D.
CLIA No: 21D869246

SEPULVEDA, SKYLER - 46185428

Page 1 - End of Report

Quest Diagnostics is a registered trade name of American Health Laboratories and is a trademark of Quest Diagnostics Incorporated. © Quest Diagnostics Incorporated. All rights reserved.
Page 10, document continues ...

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

212-326-3351

Event Chronology: Associated Scanned Documents. Patient: 2515 SKYLER SEPULVEDA

Descriptive ID: SEPULVEDA, SKYLER
Date Entered: 10/08/2002 **Scan ID:** 8863

Type of Item: :REFERRAL LETTER
Category: DR. KELLER



Division of Pediatric Otolaryngology
 Children's Hospital of New York
 New York Presbyterian Hospital



Joseph Haddad, Jr., M.D.
 Jeffrey L. Keller, M.D.
 Lianne M. de Serres, M.D.

September 17, 2002

Pamela Phillips, M.D.
 16 E. 60th Street
 New York, NY 10022

RE: Skyler Sepulveda

Follow-Up Visit:

Dear Dr. Phillips:

Skyler Sepulveda was seen in follow-up consultation at Columbia-Presbyterian East Side Associates on September 17, 2002.

Problem: Routine follow up post tubes, no otorrhea, doing well.

Physical Exam:	Right ear:	Patent tube.
	Left ear:	Patent tube.
	Nose:	Clear.
	Oropharynx:	3+ tonsils.
	Neck:	No adenopathy.

Impression: Patent tubes.

Plan: Observe.

Follow-Up Visit: 6 months.

Thank you. Please call me if you have any questions.

Sincerely,


 Jeffrey Keller, M.D. F.A.C.S.
 Pediatric Otolaryngology –
 Head & Neck Surgery

JK/mja/09SEPULVEDA.SKYLER

3959 Broadway, 5 North • New York, NY 10032 • (212) 305-8933 • Fax (212) 305-6142
 16 East 60th Street, Suite 360 • New York, NY 10022 • (212) 326-8475 • Fax (212) 326-8585

Vaccine Record - Confidential Information

Manhattan Pediatrics, PC 16 East 60 St. #410 New York, NY 10022

Return Address:

212-326-3351

Brigitte Kerpsack, M.D.
16 East 60 Street, Suite 410
New York, NY 10022

Date printed 02/13/2004

Your Next Appointment:

EVETTE SEPULVEDA
13 GILES AVENUE
JERSEY CITY, NJ 07306

Patient: 2515 : SKYLER SEPULVEDA

D.O.B. 07/22/2000

SEX: F

Message..... It is important that your child's immunization record is up to date and accurate. Please notify us of any corrections or updates immediately. Thank you.

Immunization FORECAST:

D-T-P #5 between 07/22/2004 and 07/22/2007, earliest is 07/22/2004;
Polio #4 between 07/22/2004 and 07/22/2007, earliest is now;
PCV #4 recommended now;
M-M-R #2 between 07/22/2004 and 07/22/2007, earliest is now;

Reactions...

Allergies... No known allergies

Manhattan Pediatrics, P.C.
16 East 60th Street, Suite 410
New York, NY 10022

July 30, 2002

Pamela Phillips, M.D.
16 E. 60th Street
New York, NY 10021

RE: Skyler Sepulveda

Dear Dr. Phillips:

I had the pleasure of seeing Skyler Sepulveda in consultation at Columbia-Presbyterian East Side Associates on the 30th of July. Skyler is a 2-year-old with a history of chronic serous otitis for a number of months. She has had seven episodes of acute otitis.

Her past medical history is unremarkable. She has no drug allergies.

On physical examination the tympanic membranes were dull with decreased mobility. There was serous fluid bilaterally. Nasal exam was unremarkable. Examination of the oral cavity and the oropharynx revealed 2+ tonsils with an intact palate. Neck exam was benign.

An audiogram performed today revealed borderline normal hearing with Type C tympanograms.

My impression is that Skyler has had chronic fluid. Given the recurrent infections, I think tube placement is indicated. The risks, benefits and alternatives were discussed. The mother will contact my office to schedule surgery. She also has moderate to severe adenotonsillar hypertrophy with minimal symptoms. I have recommended observation with regards to the tonsils and adenoids.

Thank you for the opportunity to participate in Skyler's care. Please call me if you have any questions.

Sincerely,

Jeffrey Keller, M.D., F.A.C.S.
Pediatric Otolaryngology -
Head & Neck Surgery

JK/mja

Medical Records of Trisha Torres



Jack and Lucy Clark
Department of Pediatrics

Jack Martin Division of
Hematology/Oncology

William L. Carroll, M.D., Chief
Carrie Brownstein, M.D.
Sharon Gardner, M.D.
Ludovico Guarini, M.D.
Anne Hurler, M.D.
Deepa Manwani, M.D.
W. Beau Mitchell, M.D.
Elizabeth Raetz, M.D.
Lauren Fennimore, C.P.N.P.
Bernadette Vesey, C.F.N.P.
Jerald Bruno, M.P.A.

Office: (212) 241-7022
Fax: (212) 360-6921
Patient Appointments: (212) 241-0585
One Gustave L. Levy Place, Box 1208
New York, New York 10029

To: Dr. Smith
Adolescent Health Medicine
320 E. 94th Street
New York, N.Y. 10128

Re: Torres, Tricia
DOB: 10/31/89
Unit#: 2338720

Medical History update: 11/1/02

Dear Dr. Smith,

Tricia Torres is a patient of our Pediatric Hematology clinic for Sickle Cell Anemia. She was first seen at Mount Sinai in January 2002. She has been followed at Lenox Hill and the NYU pediatric hematology team provided her hematology care. We have not succeeded to get a complete copy of the records from Lenox Hill. However, her and her Grandmother provided us with her past medical history.

Past Medical History:

She was born at Lenox hill and newborn screening did the diagnosis of Sickle Cell Disease. She was started on Penicillin prophylaxis. Then switched to Amoxicillin for some unknown reason.

At age 2 weeks old she had an infection with possibly fluid around the brain???

As a young child she had numerous admissions at Lenox Hill for fever.

Event related to Sickle Cell disease:

Splenic sequestration at age 3 followed by splenectomy

Cholecystectomy at age 4

Pneumonia but no transfusion during that hospitalization

No neurological events but had a MRI/MRA 2 years ago for school difficulties

She does not frequent pain crisis and has never been admitted for pain.

She had chronic snoring and possibly sleep apnea.

Admission at Mount Sinai

7/4/02 for high fever no complications

Diet

Her appetite is poor and she has been on BOOST supplements

Vaccinations are up to date but the pneumococcal vaccine

Available data: Prevnar was given in 1991
Flu shot given in heme clinic 10/15/02

Family History:

The family is from Porto Rico. Tricia lives with her grandmother. Her mother lives in New Jersey and has another child born in 2001. Tricia visits her mother regularly. They are closed. Tricia tries to live in New Jersey but did not like the school. This seemed to be the main reason why she is with her grandmother who can also give her all attention and can bring her to all her appointments.

Psychosocial Issues:

A psychologist at Lenox Hill has followed Tricia. She possibly had ADAD but is not on any medications. She still sees Dr. Villaluz (212 562 7613) her psychologist once/week. At school she has difficulties in reading and has been evaluated several time. Last evaluation in 7/2001 concludes that she meets the criteria for speech and language disability. Her mathematical skills are also borderlines. Tricia is very concerned about the fact that compared to her peer she is not sexually developed.

Physical Exam (10/15/02):

She is a very pleasant adolescent girl. She likes to ask question about her condition.
Skin: she is slightly icteric. There are clean scars of surgery on the abdomen.
HEENT:
Eyes icteric, pupil equal reacting to light, no strabism, normal light reflex
Mouth clean, no dental cavities. Tonsil present, normal size, no exudates
Nodes: L axillary's node palpable
Cardio-vascular: Grade II/IV systolic murmur, Lungs clear
Abdomen soft, no hepatomegaly
No neurological deficit
No bone deformities or anomalies
Genitalia Tanner 1

Laboratory Evaluation:

See lab flow sheet

Special Tests, Consults and Procedures

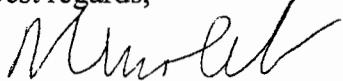
EKG ECHO was performed prior to her coming to MS. It was repeated on 10/15. Results not yet available
Pulmonary functions were performed 5/02 they were normal
Ophthalmology consult was done but no results available at this point
Trans Cranial Doppler was done 10/02. It was within normal range for age and sickle cell disease.
Adolescent medicine referral was made. Dr Smith who is now her PMD now follows her.
Dental clinic: she was seen in dental clinic this year
ENT consult appointment was given but there is no note available
She will continue to be seen by Hematology clinic and adolescent medicine.

Issues Not Solved

ENT and need for T @ A
EKG/ECHO results
Ophtalmology consult results
Review Pmeumococcal vaccine

Do not hesitate to call me if you have any questions. My number is 212.241.7022.

Best regards,



Anne Hurlet, M.D.
Clinical Associate Professor
Division of Pediatric Hematology/Oncology

NEUROLOGICAL INSTITUTE OF NEW YORK
NON-INVASIVE VASCULAR LABORATORY
710 West 168 St. Rm 649, New York, NY 10032
FINAL REPORT

Patient Name: Torres, Trisha
 Referring Physician: Anne Hurlet, M.D.
 Reason for Referral: Sickle Cell Disease
 Doppler Analyst: OM Ramos

Date: 10/23/2002
 Unit No: 433 61 27
 DOB: 10/31/89

TRANSCRANIAL DOPPLER STUDY

LEFT-SIDED CIRCLE OF WILLIS FINDINGS

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Middle Cerebral	50	156	115	0.66
Anterior Cerebral	56	156	114	0.65
Posterior Cerebral	60	125	91	0.73
ICA				

RIGHT-SIDED CIRCLE OF WILLIS FINDINGS

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Middle Cerebral	50	177	124	0.73
Anterior Cerebral	56	126	91	0.66
Posterior Cerebral	60	120	86	0.77
ICA				

POSTERIOR CIRCULATION FINDINGS

	Depth (mm)	Peak (cm/sec)	Mean (cm/sec)	Pulsatility Index
Left Vertebral				
Right Vertebral				
Basilar	80	135	97	0.77

Compression: Not done.

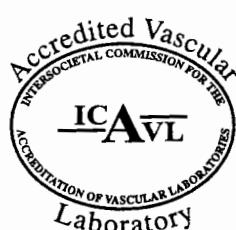
Impression: Complete study showed normal waveforms and flow velocities in the Circle of Willis and Basilar.

Comments: Unless otherwise specified above, the probe for the cerebral arteries was positioned over the ipsilateral region just above the zygoma, and that for the intracranial carotid was positioned just above the globe directed toward the superior orbital fissure. Unless otherwise specified, the probe was placed at the skull base below the inion for imaging of the Basilar artery and on either side for imaging of the Vertebrals and PICA.

No significant change from the previous study done on 10/18/2000.

I have personally reviewed and interpreted this study. Thank you for this referral.

J.P. Mohr, M.D.



MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
ECHOCARDIOGRAM : CARDIAC ANATOMYRecord #: 02338720
Name: Torres, Trisha

Date : October 15, 2002, 09:00 DOPPLER COLOR M-MODE 2-D OFFD/A
 Location: Hematology-Oncology Outpatient
 Doctor: HURLET-A
 Tape #: CF5573 (0:32:24)
 Born : October 31, 1989 Age: 13.0 years
 Height: 149.0 cm, 12 %ile Weight: 34.4 kg, 7 %ile BSA: 1.18 m²
 Diagnosis: sickle cell disease
 Reason for test: initial study

Anatomical Diagnoses

Cardiac Segments {S,D,S}

Veins and Atria

PATENT FORAMEN OVALE, TRIVIAL

202004

Trivial patent foramen ovale with normal systemic and pulmonary venous connections.

A-V Canal

(No abnormalities seen)

Ventricles

GLOBAL LEFT VENTRICULAR DYSFUNCTION RULED OUT

181308

Conotruncus

(No abnormalities seen)

Great Arteries

LEFT AORTIC ARCH

271000

Left aortic arch with normal branching pattern, patent ductus arteriosus and coarctation excluded.

DILATATION OF THE MAIN PULMONARY ARTERY

232400

DILATED ASCENDING AORTA

270100

Pericardium

(No abnormalities seen)

Other

SICKLE CELL ANEMIA

470300

 (Continued)

Page 2

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
ECHOCARDIOGRAM : CARDIAC ANATOMYRecord #: 02338720
Name: Torres, Trisha

MEASUREMENTS

Aortic Valve: 1.93 cm	Zscore = 1.83
Mean for BSA = 1.65,	Normal range = 1.35 to 1.95
Aortic Root: 2.90 cm	Zscore = 3.12
Mean for BSA = 2.17,	Normal range = 1.71 to 2.63
Sinotubular junction: 2.21 cm	Zscore = 1.91
Mean for BSA = 1.84,	Normal range = 1.47 to 2.22
Ascending Aorta: 2.27 cm	Zscore = 1.96
Mean for BSA = 1.88,	Normal range = 1.49 to 2.27
Transverse Arch: 1.90 cm	Zscore = 1.69
Mean for BSA = 1.62,	Normal range = 1.29 to 1.95
Aortic Isthmus: 1.81 cm	Zscore = 2.44
Mean for BSA = 1.31,	Normal range = 0.91 to 1.71
Pulmonic Valve: 2.55 cm	Zscore = 3.21
Mean for BSA = 1.90,	Normal range = 1.50 to 2.30
Main Pulm Artery: 2.50 cm	Zscore = 2.89
Mean for BSA = 1.83,	Normal range = 1.38 to 2.29
Right Pulm Artery: 1.31 cm	Zscore = 1.07
Mean for BSA = 1.14,	Normal range = 0.83 to 1.45
Left Pulm Artery: 1.29 cm	Zscore = 1.10
Mean for BSA = 1.11,	Normal range = 0.79 to 1.43
Tricuspid Valve (Lat): 2.54 cm	Zscore = 0.46
Mean for BSA = 2.38,	Normal range = 1.69 to 3.07
Tricuspid Valve Area: 5.07 cm ²	Zscore = 0.52
Mean for BSA = 4.50,	Normal range = 2.88 to 7.04
Mitral Valve (Lat): 2.92 cm	Zscore = 1.75
Mean for BSA = 2.28,	Normal range = 1.72 to 3.01
Mitral Valve Area: 6.70 cm ²	Zscore = 2.60
Mean for BSA = 3.70,	Normal range = 2.36 to 5.79

Report Summary

Patient with the diagnosis of Sickle cell anemia.

Trivial patent foramen ovale.

Qualitatively good biventricular function.

Dilated main pulmonary artery and ascending aorta as is often seen in high output states and not uncommonly with sickle cell anemia.

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

CARDIAC NONINVASIVE LABORATORY
ECHOCARDIOGRAM : CARDIAC FUNCTIONRecord #: 02338720
Name: Torres, Trisha

Date : October 15, 2002, 09:00 DOPPLER COLOR M-MODE 2-D OFFD/A
 Location: Hematology-Oncology Outpatient
 Doctor: HURLET-A
 Tape #: CF5573 (0:32:24)
 Born : October 31, 1989 Age: 13.0 years
 Height: 149.0 cm, 12 %ile Weight: 34.4 kg, 7 %ile BSA: 1.18 m²
 Diagnosis: sickle cell disease
 Reason for test: initial study

M-MODE:	DIASTOLE	SYSTOLE	DIASTOLE	NORMAL
LV Dimension:	4.66 cm	3.02 cm	3.54 -	4.88
IVS Thickness:	1.14 cm	1.44 cm	0.57 -	1.08
LVPW Thickness:	0.85 cm	1.51 cm	0.59 -	0.97
LV Mass:	160.0 grams	Normal range:	64.8 -	142.2

STI:

Heart Rate:	84 bpm	RR Interval:	717 msec	IRT:	msec
ET:	284 msec	ETc:	335 msec	PEP:	85 msec

BP:

Systolic:	103 mmHg	Diastolic:	55 mmHg	Mean:	74 mmHg
-----------	----------	------------	---------	-------	---------

STRESS:

Peak:	134 g/cm ²	End-Systolic:	33 g/cm ²	Total:	23 g/cm ²
-------	-----------------------	---------------	----------------------	--------	----------------------

LV FUNCTION:

Fractional Shortening:	35.1 %	VCF:	1.24 c/s	VCFc:	1.05 c/s
------------------------	--------	------	----------	-------	----------

CONTRACTILITY INDICES:

End-Systolic Stress-Shortening Relation:	Normal
End-Systolic Stress-VCFc Relation:	Normal

Report Summary

Moderate increase in left ventricular mass (95 %ile LVM = 142 g).

Normal left ventricular contractility (minimum normal VCFc for this level of afterload = 0.93).

Normal left ventricular function (normal FS for age = 28.4 to 38.0 %) with normal afterload (normal ESS for age = 31 to 60 gm/cm²).

The ESS-VCFc and ESS-FS relationships are consistent with normal preload.

(Continued)

;

Page 3

MOUNT SINAI HOSPITAL

NEW YORK, NY

212-241-8667

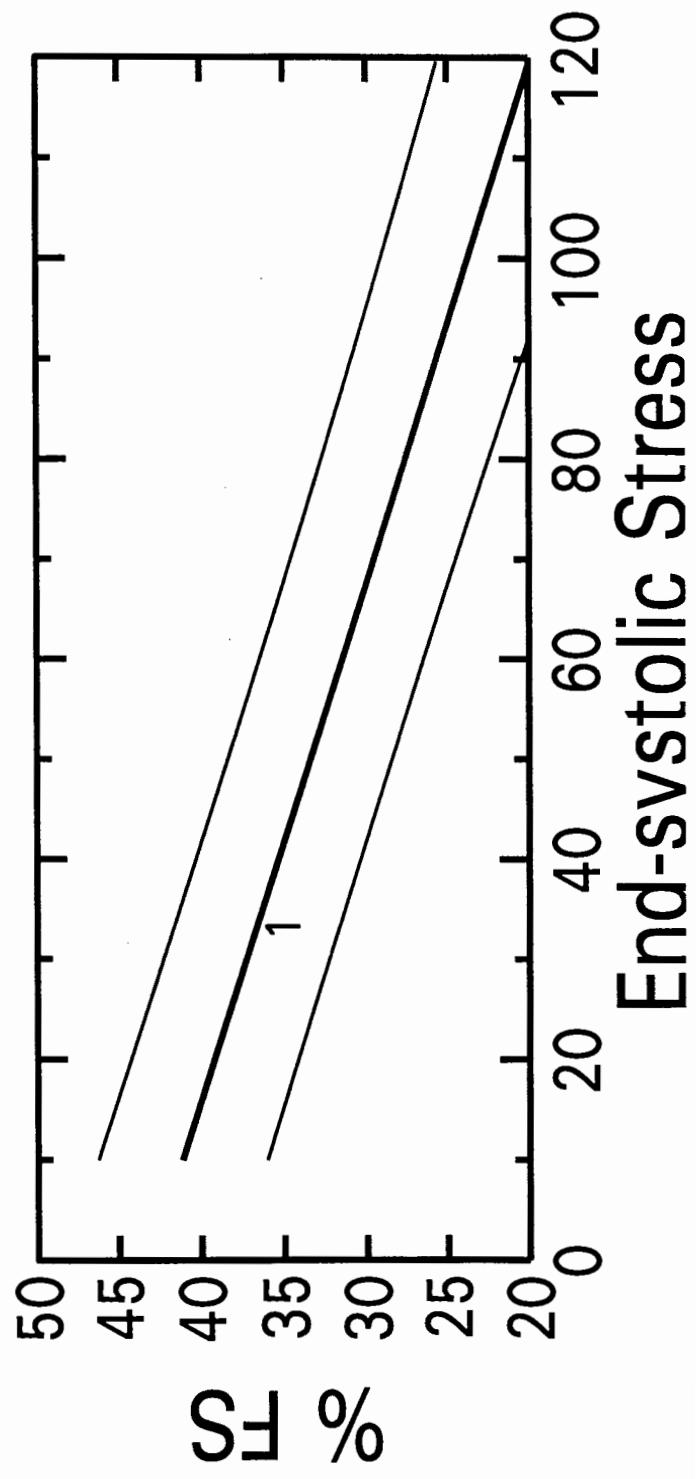
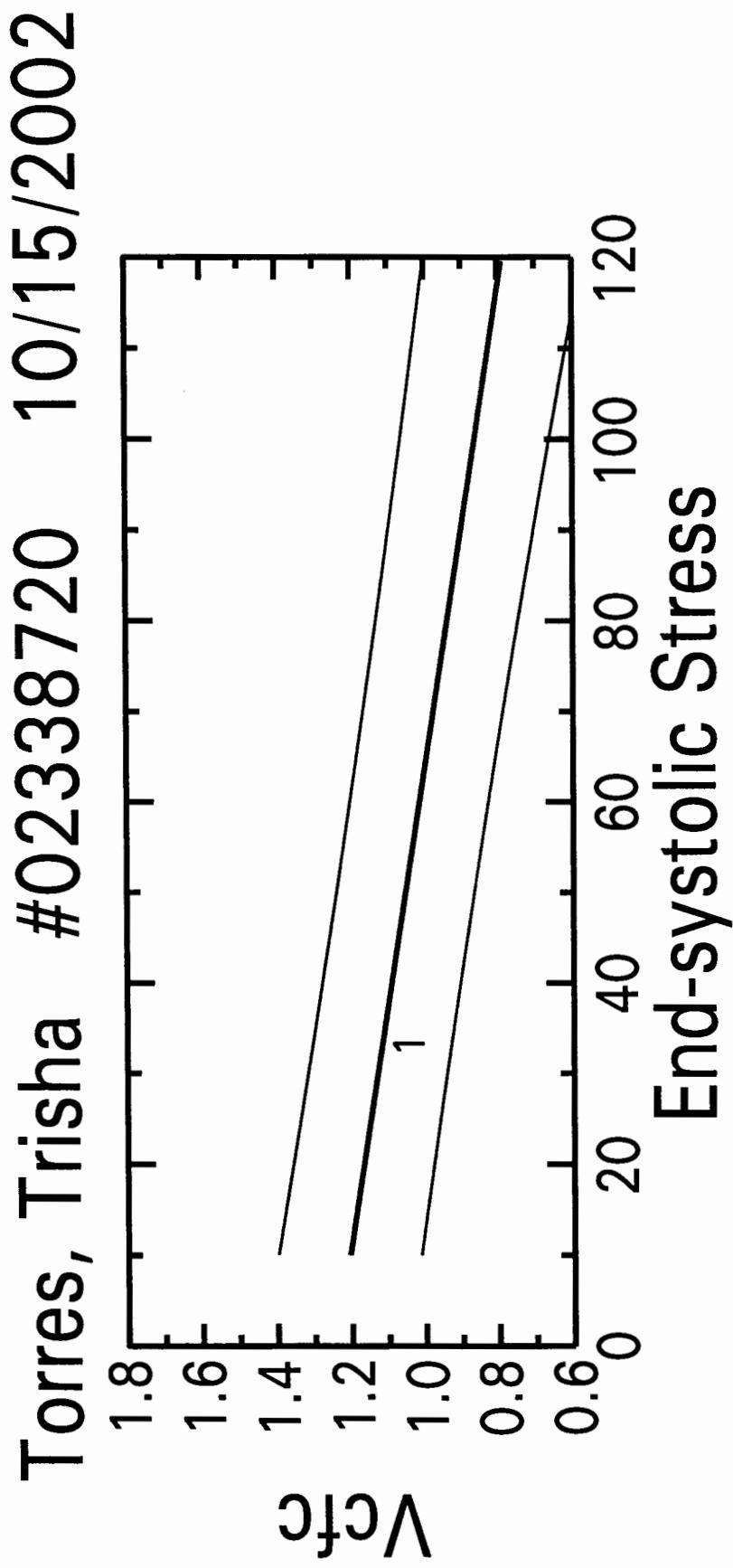
CARDIAC NONINVASIVE LABORATORY
ECHOCARDIOGRAM : CARDIAC FUNCTION

Record #: 02338720
Name: Torres, Trisha

Report Summary (Continued)

October 15, 2002, 05:02 PM

Shubhika Srivastava, M.D.



Supporting Letters from Family and Friends¹

¹ Supporting letters attached hereto are submitted in chronological order.

11-15-03

To Whom it may Concern,

I am happy to provide a personal reference for Mr. Jason Sepulvera. My name is Anthony Batista. I live and work in Manhattan and have known Mr Sepulvera for 16 years. During that time, I have gotten to know Mr Sepulvera very well.

I know him as a trustworthy and good hearted friend and a loving father and husband. He is a hardworking and caring man who deserves a second chance regardless of the mistakes he has made. I know that he sincerely regrets the pain that he has cause to his friends and family.

Yours truly,
Anthony Batista

GOODWIN | PROCTER

Goodwin Procter LLP
Counsellors at Law
599 Lexington Avenue
New York, NY 10022

T: 212.813.8800
F: 212.355.3333
goodwinprocter.com

November 17, 2003

To whom it may concern:

RE: Jason Sepulveda

I met Jason Sepulveda through his wife, Evette, who is a co-worker and good friend of mine. I have known Jason for 2 years now as a friend and most recently, as a landlord.

I can confirm that he is a man of great integrity, is extremely dedicated to his family and work, and is entirely a well-respected individual. Everyone whom I met can only say good things about Jason, and accordingly, during these past 2 years, I have been able to experience and see first-hand, what a wonderful individual Jason is.

As a friend, Jason Sepulveda is an outstanding person. He is loyal, honest, considerate and supportive. There is never a doubt in my mind that if you are in need for emotional, mental or even financial support, Jason would be the first person to shine through for you.

I view Jason as my mentor and role model. I have found Jason to be a person whom I can openly communicate with. He has the ability to see and understand things from all aspects and is open to other people's opinions and feelings. He is a great communicator, very articulate and knowledgeable, and he is a firm believer that hard work is the only way to achieve your goals in life.

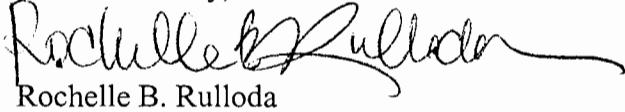
I am only 25 years old and moved here to the East coast 2 years ago, having little to no family and not knowing anything about this place. Jason and his wife have taken it upon themselves to befriend a complete stranger and have welcomed me with open arms into their family.

Furthermore, Jason treats each individual with respect and courtesy. Being a friend and a tenant does not interfere with our relationship. I have found Jason to be a more than fair landlord and is very reliable and dependable when there are (if any) conflicts arising.

I really cannot think of anything negative when it comes to Jason. All in all, Jason Sepulveda is an outstanding, well-balanced individual, with more than enough positive qualities.

For your information, I have been a corporate legal secretary for Goodwin Procter, LLP for two years, and collectively, have been a legal secretary for six years in both the family law and corporate practice. I am more than happy to provide further information if required.

Yours faithfully,


Rochelle B. Rulloda

11/17/03

To whom it may concern,

I Natividad Maldonado is the
Mother-in-Law of Jaser Sepulveda.
I've known him for 13 yrs. Jaser is a
great Son-in-Law. He is always there
for me when I need something done
around the house. I am so happy that
he married my daughter. Jaser is a
great husband & father for I have seen
it from my ^{own} eyes. Jaser is also a hard
working man always providing for his
family. Jaser always calls me to see
how I'm doing and if I need any
thing.

Sincerely,

Natividad Maldonado

205 East 112st Apt 3C
New York, N.Y 10029

H - 212- 289- 1045

11/27/03

To whom it may concern,

My name is carlos. I work in a grocery store in Newark New Jersey. I've known Jason for 6 years. I've known Jason to be a hard working person. Jason, is a great friend to me always there when I need help and he was always there for me when I was at my worst. Jason, is a honest, loving respectable, reliable, dependable individual.

I've seen Jason with my own eyes that he loves his family, kids, & wife. He is also a great provider to his family. Jason to me is a truly a loyal friend.

If you have any questions please feel FREE to contact me at: (973) 926-0735.

Carlos Sosa

To Whom it May Concern,

My name is Benjamin D. Kasius and

I live in Midtown, Manhattan. I am writing

this letter in regards to Mr. Jason Sepulveda,

Who is and always has been a very sincere,

and trusted friend. I can personally say

that I have known Jason for the last 15 years

and Not once has he ever been in any type

of trouble, with anyone. I am a Viet Nam Vet

at age 52, and I would not trust anyone

more than Jason. He's has a very good

outlook on life, But! Anyone can make

mistakes. But! Can learn to be better in

life for himself and others. If given another

opportunity to correct any wrong doings so

or any. He is also a loving husband to his

wife and a caring father to his daughter.

In my eyes, Jason, as a friend. I know he's a good person.

and always means to do good.

I'm praying that Jason would be given a
Second lease on his life, for all sake
and I mean, that life, and freedom mean
Everything to those you love, and I mean
Please feel free to contact me at

Mr. Benjamin S. Kellin
1763 - 1st Ave. # 11N
New York, N.Y. 10128
212-369-5422

Sincerely,
Mr. Benjamin S. Kellin

December 1, 2003

To Whom It May Concern:

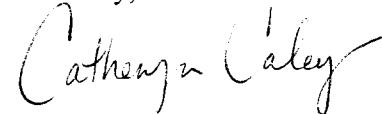
The purpose of this letter is to state my familiarity and rapport with Mr. Jason Sepulveda.

One year ago, I was fortunate to have met Jason. After moving from Wisconsin to New York City, I encountered many new challenges. I met Jason through his wife Evette Sepulveda. Jason and his family, in a sense, took me under their wings and became a surrogate family for me. They provided continual encouragement that helped me with my new surroundings.

Throughout the past year I was able to get to know Jason well. He is a strong-minded, determined and hard working man. It became clear to me that Jason is exceptionally responsible and highly respected among his family and friends. By witnessing his interactions with his children, I can confidently say Jason is a loving and patient father. He and his wife Evette have a remarkable relationship. I commend them for their honest and healthy communication skills. It was enlightening proof to me that relationships can and do flourish with time.

The truth of the matter is that Jason Sepulveda is an intelligent and caring individual. My treasured experiences in New York were greatly in part because of my relationship with Jason and his family. This family has positively affected my life in many unforgettable ways.

Sincerely,



Catheryn A. Caley
301 N. Pinckney Street #2
Madison, Wisconsin 53703
347.731.6996

February 11, 2004

To whom it may concern,

My name is Evette Sepulveda and I am submitting this letter in order to provide you with a character commendation for Mr. Jason Sepulveda.

I have been employed by Goodwin Procter LLP for over six years and am also mother to three beautiful daughters and a wife to my loving husband, Jason Sepulveda.

Thirteen years ago, I met Jason through a friend of mine at the Puerto Rican Day Parade. We got to know each other very well and got really close. Two months after we met, we started dating, and have been with each other ever since. We have been happily married for seven years and have been blessed with three beautiful daughters. Through the years, I have gotten to know Jason better every day, as a very good friend, boyfriend, husband, and father.

Jason has always been a person who had goals in life and had all the intentions to work hard to reach every single one of them. I have been fortunate that we chose one another to be by each other's side, to help achieve all goals. He worked part-time and was going to school full-time. After graduating from college, Jason wanted to give back to his community and became a police officer and later became a private investigator. My husband takes great pride in his work, and takes his job very seriously. He loves to work and does outstanding on every assignment he's given.

Not only is Jason a hard-worker, but he is a wonderful, loving family man. Our first daughter, who is 14 years old, is from another man. At the age of one years old, Jason took her in as if she were his own, and has been that way with her ever since. No real man would ever do that. You would never be able to tell that Jason was not my daughter's biological father. Our daughter suffers from a life-long illness called sickle cell disease. From the day she was born, she has been in and out of hospitals, have seen and been treated by numerous doctors, and have been on constant medication. And from day one, Jason has been there for her. Our daughter has had 2 surgeries and numerous of blood transfusion and thanks to the lord she is still here with us. He has always been by her side whenever our daughter fell ill or was admitted into the hospital we actually take turns staying in the hospital with her. Jason has been there to support us emotionally and financially.

February 11, 2004

Page 2

Our second daughter, Jason's biological daughter, is 13 years old. Although she lives with her biological mother, Jason makes every effort to support her in every way he can and with everything she needs. We also take her on weekends to spend time with us and her little sister. She too is not well, and suffers from mental illness and depression. She was admitted to Believue hospital to be treated and to be under suicide watch. She looks up to her father and depends on him. She calls him every time to talk to him. She has been through psychiatric therapy and Jason has been there for her every step of the way.

And together, we have our three year old daughter, whom Jason keeps close to his heart also. With hopes that our third child would come out healthy, she too suffers from chronic illness asthma and stuffers from upper restpotary breathing she's been in and out of the hospitals since birth. We constantly have to give her, her asthma machine for her breathing, she gets sick at least 3 times a month. She was also diagnosis with Sickle Cell Trait. Jason and I we try to be strong for our kids with working and taking care of sick kids he is the only one that I could count on and rely on. We take turns with our kids.

With three daughters that all have medical conditions, they need their father on a daily basis to be there for them for moral support and to be there for them emotionally and financially. All three of our daughters look up to their father with great admiration and seek his love and guidance every waking moment. Our children are both our pride and joy, and they need their father in their life. They need that role model of a strong, loving, caring, nurturing and understanding man. They **need** their father in their lives.

Everyone that Jason has met over the years, love him and have gotten along with him. Jason is a person that you could talk to and is always willing to listen. Jason is a person that you could count on for help or comfort, regardless of how hectic his life or schedule is.

Jason is very knowledgeable. He takes the initiative to educate himself and learn about modern day technology and keeps up-to-date with current events and his surroundings. You can rarely find my husband lounging in front of the television or sleeping in on the weekends. He is someone that likes to keep active – whether it would be spending time with his family or learning something new.

Through thick and thin, Jason has always been there for me. Jason is not only my husband, but he is also my best friend. I rely on him for everything. Jason is my love, my world, my everything. We do everything together, as husband and wife, and most importantly, as a family.

Jason is a respectable, hard working, loving, caring, and a very understanding individual. Jason and I have been together for 13 years. I can not see myself without him, nor can I see my children without their father. We are united as one. Besides our children, Jason is the best thing that has ever happened to me.

February 11, 2004

Page 3

Jason is a person that would help you in any way he can. My husband has a beautiful, loving heart. Jason is a very ambitious, very creative, and outgoing person. There are not enough words to describe how much of an amazing person my husband is – to his family, to his friends, and to his neighbors.

These past months have been devastating for our families, our children and me. We have been going through so much pain and suffering since this happened, not to mention the impact it has on our children, and the changes that we all have gone through since October. How do you explain to a three year old, who had to witness her father being taken away? I pray every moment that you will find it in your heart to take this letter in consideration. I know that my husband has learned a very hard lesson on someone else's mistake, and I pray that you will see that my husband is not the person who your officers "claim" him to be. In fact, he is nothing of what they categorize him to be.

Thank you for reading this letter on behalf of my husband, Mr. Jason Sepulveda's situation.

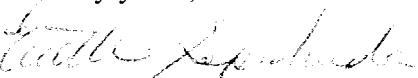
If you have any question's please feel free to contact me at 212-813-8903

Evette Sepulveda

Home address: 13 Giles Avenue, Jersey City NJ, 07306 (201) 432-9086.

Work address: 599 Lexington Avenue, New York, NY (212) 813-8903.

Sincerely yours,


Evette Sepulveda

To whom it may concern,

I am writing this letter on the behalf of my long time friend (Jason Sepulveda) who has a great personality and a great sense of humor.

Jason is a great person to be around with. He is a very respectable individual who will do anything for his family and friends. Jason has two beautiful daughters and a loving wife, which he is greatful for. Jason is a great father who provides for his family in a great deal. Since the day Jason and I met, Jason has been a good friend.

Sincerely yours,

Louie Casillas.

Louie Casillas
350 Madison St. #2A
N.Y. N.Y. 10002
cell # (917) 642-2620

To whom it may concern,
when you meet someone special,
understanding and caring,
you seem to feel that right
away. The day I met Jason
I knew that is what he was and
more. I am Elizabeth Mulawka
and I met Jason through David
his nephew. We met about five
years ago at a family event
where he welcomed me like a
good friend and that's what
we became.

We didn't spend much time
together but when we did
he would listen and care.
He would always give great
advice and would never
seem too busy to hear you out.
He would also tell me how
much he loved his family
and about all the great times
he had with his wife and
kids. He would tell them how

much he loved them whenever he could. I admired him very much for his openness and big heart, and the way he would do anything for his family. [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Elizabeth
Mulawix
161 Main Street
Harrington Park, NJ 07026
973-253-8977